



## HENRY COUNTY SCHOOLS AUTOMOBILE LOSS NOTICE

### Accident Information

Date of Accident: \_\_\_\_\_

Time of Accident: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### HCS Vehicle Information

HCS Driver's Name: \_\_\_\_\_

HCS Driver's Phone Number: \_\_\_\_\_

HCS Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN# \_\_\_\_\_

Damage to HCS Vehicle? ☐ Yes ☐ No

### Other Party's Vehicle/Property Information

Is this damage to a Vehicle? ☐ Yes ☐ No

If not, describe property damaged: \_\_\_\_\_

If so, provide: Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN# \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's Name (if other than Owner) \_\_\_\_\_ Driver's Phone # \_\_\_\_\_

Other Vehicle Insured? ☐ Yes ☐ No

Insurance Company & Policy No. \_\_\_\_\_

### Personal Injury Information

Injuries Sustained? ☐ Yes ☐ No

Description of Injuries Sustained \_\_\_\_\_

Witnesses or Passengers/Phone Numbers \_\_\_\_\_

Distribution: Original – Transportation Dept. Copy – Supervisor Copy – Risk Management